

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9705
Registrar's No. 1139

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5300 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years
(Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Ned C. Brinson 1052

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Brinson 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 3rd 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 6 If less than one day
hr. min.

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Lincoln High School

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Harriett
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Brinson
(b) Address 5300 Montgall

17. (a) burial (b) Date thereof 3/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia

19. (a) 3-15-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
(c) City or town 5300 Montgall
(If outside city or town limits, write "RURAL")
(d) Street No. 5300 Montgall
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1940 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from February 15
1940, to March 9, 1940,
that I last saw him alive on March 9, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia

Due to Chronic glomerulonephritis ? years
Duration years

Due to 121

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

3. 1729 Lydia (Specify type of place) (e) Means of injury
While at work? _____
23. Signature M. M. Brown (M. D. or other) M.D.
Address 1002 Jefferson Date signed 3-11-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

James Jerome Mayhew

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.